

FOC 3A - NOTICE OF ARREARAGE (CREDIT REPORTING)

Approved, SCAO STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY		NOTICE OF ARREARAGE (CONSUMER REPORTING AGENCY)	Original - Friend of the Court 1st copy - Plaintiff 2nd copy - Defendant 3rd copy - Return CASE NO.
Friend of the Court address		FAX no.	Telephone no.

Plaintiff name, address, and telephone no.

Defendant name, address, and telephone no.

TO: _____
 Payer
 (This notice is for the payer. A copy is sent to the payee for his/her information only)

1. Date of notice: _____

2. The Office of the Friend of the Court has reviewed your files and determined there is an arrearage of:

Arrearages reported are only those that can be reported according to the definition of support.

3. ☐ a. Michigan law requires support information for payers with 2 or more months arrearage to be made available to a consumer reporting agency. Once your support information is reported, it will continue to be provided to the consumer reporting agency on a monthly basis until your support arrearage is eliminated.

☐ b. The Friend of the Court has received a request from a consumer reporting agency for information regarding your support account. Under Michigan law, the Friend of the Court is required to provide current support information.

4. Your support information **will be** reported to a consumer reporting agency unless you:

a. pay the entire arrearage within **21 days** after the date this notice is sent. (applies only if item 3.a. above is checked)

b. request a review within **14 days** after the date this notice is sent. You may request a review only if there is a mistake of fact about the amount of arrearage or the identity of the payer.

c. obtain an order exempting your support order from enforcement.

FRIEND OF THE COURT

☐ Check this box if you want to request a review. Then date and sign the request and return it to the friend of the court.

I request a review because

☐ a. I am not the payer named in the notice.

☐ b. my arrearage is listed incorrectly. My arrearage is \$ _____.

REQUEST FOR REVIEW

Date

Signature

MCL 552.512; MSA 25.176(12), MCL 552.602(o); MSA 25.164 (o), MCR 3.208(B)

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